OMB Number: 2900-0578
Estimated burden: 5 minutes

Department of Veterans Affairs

Claim for Miscellaneous Expenses

VA Health Administration Center 1 • 888 • 820 • 1756

Attention: After reviewing the following, complete form in its entirety (print or typewritten only) and return with required documentation. Limit entries to one character per block and do NOT exceed the designated space (e.g. do NOT extend last name into the First Name area). Failure to provide the requested information will result in a delay or denial of reimbursement. If more space is needed, continue in the same format on a separate sheet.

Note: This form is required for all claims for reimbursement of miscellaneous expenses related to the treatment of spina bifida and other covered birth defects and associated covered conditions. Regardless of the type of expense being claimed, completion of Sections I, II, and IV are mandatory. Completion of Section III is required only for claims involving travel, while completion of Section V is required only for claims involving prescriptions, medical supplies and over-the-counter medicines. Reimbursement for approved expenses (including attendant travel/miscellaneous expenses) will be made payable to the beneficiary.

Section I - Patient Information

Last Name	First Name	MI	Social Security Number

Street Address	Date of Birth (mm/dd/yyyy)

City	State	Zip Code	Telephone Number (include area code)

Section II - Sponsor Information

Last Name	First Name	MI	Social Security Number

Section III - Travel

Attach required receipts for expenses claimed (receipts for privately owned vehicle mileage (POV) excluded).

Will the provider be billing for services? *(Check one)* ☐ **Yes** ☐ **No**

Certification of Medical Service (required for *all* travel claims)

Date of Service (mm/dd/yyyy)	Provider Tax ID Number	Provider signature certifying service on service date
		X

Patient Travel Information

Mode of Travel ☐ Airline ☐ Taxi ☐ POV (round-trip) mileage → → → ☐ Bus ☐ Train ☐ Other specify → → → →

Date(s) of Travel (mm/dd/yyyy)	Departure City	Departure State	Departure Time (e.g., 0815)	Arrival City	Arrival State	Arrival Time (e.g., 0815)
Date(s) of Travel (mm/dd/yyyy)	Departure City	Departure State	Departure Time (e.g., 0815)	Arrival City	Arrival State	Arrival Time (e.g., 0815)

Attendant Information

Last Name	First Name	MI	Relationship to Patient

Patient/Attendant Miscellaneous Expenses

Lodging $	Other (parking, tolls, etc.)
.	.

Section IV - Certification

RELEASE OF MEDICAL INFORMATION: Signature in this section authorizes the patient's providers to release medical record documentation related to the services associated with this claim. This consent pertains to all medical records, including records related to treatment for psychological and psychiatric conditions, drug and alcohol abuse, acquired immune deficiency syndrome, human immunodeficiency virus infection, and sickle cell disease.

→ ***I certify that the above information and attachments are correct and represent actual services, dates, and fees charged. (Sign and date on right.) If certification is signed by a person other than the patient, complete the following.***	Signature	Date

Last Name	First Name	MI	Relationship to Patient

Street Address

City	State	Zip Code	Telephone Number (include area code)

(tear at perforation and retain this portion for your records)

Claim for Miscellaneous Expenses

Appendix

Privacy Act: All information collected is subject to the provisions of the Privacy Act under 5 USC 522a. **Authority:** This information is solicited under 38 USC 501 and 1805 and 38 CFR 17.900 et seq. **Disclosure:** Disclosure is voluntary, but failure to provide the information may result in delay and/or denial of claims for reimbursement of miscellaneous expenses related to health care benefits for children of Vietnam veterans with spina bifida and children of women Vietnam veterans with covered birth defects. Failure to furnish this information will have no adverse impact on any other VA benefits to which any beneficiary may be entitled.

Paperwork Reduction Act: This information collection is in accordance with the clearance requirements of Section 3507 of the Paperwork Reduction Act of 1995. Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. Respondents should be aware that no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. The purpose of this data collection is to obtain information regarding health care benefits for children of Vietnam veterans with spina bifida and children of women Vietnam veterans with covered birth defects. This form is required for all claims for reimbursement of miscellaneous expenses related to the treatment of these birth defects.

VA FORM JUN 2002 **10-7959e** Existing stock of VA Form 10-7959e, JUL 1999, may be used.

Section V - Prescriptions, Medical Supplies And Over-The-Counter Medicines

Record on all receipts the diagnosis for which the drug/medicine/supply item was prescribed/required and attach receipts to claim form.
If receipts are not itemized ***(a complete description, quantiy, and price fo each item), complete the following. Receipts must be attached to this form.***

	Description	Quantity	Date of purchase *(mm/dd/yyyy)*	Actual Cost
1			/ /	$
2			/ /	$
3			/ /	$
4			/ /	$
5			/ /	$
6			/ /	$
7			/ /	$
8			/ /	$
9			/ /	$
10			/ /	$
11			/ /	$
12			/ /	$
13			/ /	$
14			/ /	$
15			/ /	$
16			/ /	$
17			/ /	$
18			/ /	$
19			/ /	$
20			/ /	$

SPINA BIFIDA HEALTH CARE PROGRAM

VA Health Administration Center
Spina Bifida Health Care Benefits
P.O. Box 65025
Denver, CO 80206-9025

Phone: 1.888.820.1756
Fax: 303.331.7807

CHILDREN OF WOMEN VIETNAM VETERANS

VA Health Administration Center
Children of Women Vietnam Veterans
P.O. Box 469027
Denver, CO 80246-0027

Phone: 1.888.820.1756
Fax: 303.331.7807